

# State of Connecticut Office of Health Care Access CON Determination Form Form 2020

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13FICACP.O. Box 340308, Hartford, Connecticut 06134-0308.

# SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Hartford Dispensary	
Doing Business As	Same	
Name of Parent Corporation	HD Holding Corp	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	345 Main Street	
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP	
Name of Contact person, including title	Paul McLaughlin Executive Director	
Contact person's street mailing address	Same as above	
Contact person's phone, fax and e-mail address	(860) 525-2181 (860) 525-7332 paul.mclaughlin@hdisp.org	

# **SECTION II. GENERAL PROPOSAL INFORMATION**

a.	Proposal/Project Title:	8 8	
	Hartford Dispensary Primar	y Care	2006
b.	Location of proposal (Town 12-14 Weston Street, Hartf	,	
C.	List all the municipalities th Greater Capital Area	is project is intended to serve:	PH 3: 54
d.	Estimated starting date for April 2006	the project:	SSOUT
e.	Type of Entity: (Please che apply)	ck <i>E</i> for Existing and <i>P</i> for Proposed	I in all the boxes that
E P	Acute Care Hospital Behavioral Health Provider Hospital Affiliate	E P	E P ☐☐ Cancer Center ☐☐ Primary Care Clinic

# **SECTION III. EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure/Cost: \$\_150,000
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$ 30,000
Medical Equipment (Purchase)	120,000
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$150,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$150,000

# Major Medical and/or imaging equipment acquisition:

Equipment Type		Name	Mode	el [	Number of Units		Cost per unit	
Note:	Provid	le copy of co	ntract with	vendor	for med	dical equipmen		
C.	Type	of financing of	or funding	source:				
		Operating F	unds		Lea	ase Financing		Conventional Loan
		Charitable (	Contributio	ons 🗌	СН	EFA Financing		Grant Funding
		Funded De	preciation		Oth	ner (specify):		

## SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- 3. Will you be charging a facility fee?
- 4. Who is the current population served and who is the target population to be served?
- 5. Who will be providing the service?
- 6. Who are the payers of this service?

# SECTION V. AFFIDAVIT

Applicant: <u>Hartford Dispensary</u>			_
Project Title: Primary Care			_
I, <u>Paul McLaughlin</u>		, Executive Director	
(Name)	(Positi	ion – CEO or CFO)	
of the Hartford Dispensary	be	eing duly sworn, depose and	state that the
information provided in this CO	ON Determination for	orm is true and accurate to t	he best of my
knowledge, and that <u>the Hart</u> (I	ford Dispensary Facility Name)	complies with the	appropriate
and applicable criteria as set f	orth in the Sections	s 19a-630, 19a-637, 19a-638	3, 19a-639, 19a-
486 and/or 4-181 of the Conne	ecticut General Sta	tutes.	
Jan Melanda		1/9/06	
Signature		Date	-
Subscribed and sworn to befo	re me on <i>ົງຂາ</i> ກເຄ	eary 9, 2006	
	<del></del>		
Courstace K. Tall	leár	<del></del>	
Notary Public/C <del>ommissioner c</del>	ot Superior Court-		
My commission expires:	CANDACE K. K	ILLIAN	
	MY COMMISSION EXPIRES J	JULY 31, 2009	

Form 2020 Revised 7/02

### OHCA CON DETERMINATION

Hartford Dispensary
Primary Care/Dental Services
01/06/06

## Section IV: Proposal Description

Currently what types of services are being provided?

The Hartford Dispensary is a private, non-profit 501C3 health organization that was established in 1871. The agency specializes in the delivery of highly regulated medication assisted treatment for opioid dependency. The agency currently operates three clinics in Hartford and one in New Britain, Bristol, New London, Norwich and Willimantic and presently treats approximately 4200 patients within this network of clinics. All of the clinics are fully accredited by CARF and are licensed by the Department of Public Health for levels of care SA 1.2 (methadone detoxification) and SA 1.3 (methadone maintenance). These proposed new on-site services (primary care including dental) will be housed at our facility located at 12-14 Weston Street, Hartford and will make services readily available to patients being served within our three Hartford-based clinics.

What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

The Primary Care Services Unit will provide both traditional primary care and dental services to adults including general primary/dental care, physical assessment and medical diagnosis, diagnosis and treatment for chronic disease, well-woman care, immunizations and vaccinations, and infectious disease services. Medically indigent narcotic addicts and patients participating in medication assisted programs are the least likely to be able to access traditional primary/dental care. Research indicates that patients participating in behavioral healthcare are more likely to utilized needed services when those services are provided under a "a one-stop shopping" model. These on-site services will be provided Monday – Friday from 8:00 a.m. – 3:30 p.m. and will make treatment more readily available and accessible to a significant number of individuals who are currently underserved. The agency is currently submitting an application for Outpatient Clinic licensing through the CT Department of Public Health.

Will you be charging a facility fee? Yes.

Who is the current population served and who is the target population to be served? The initial population will consist of approximately 2300 methadone maintenance and detoxification patients who currently receive medication and behavioral health services at the agency's three Hartford-based clinics. Of note, is that approximately 50% of the consumers are Hispanic, while 33% are women – both being populations that are underserved in the Hartford area. We conservatively project a 35% - 45% participation rate the first year. As our services develop, we believe participation will increase to 45% - 55% the second year and 55% - 60% the third year.

Hartford Dispensary OHCA CON Determination Form 11/06/06

Who will be providing the services?

Services will be provided by two primary care physicians – Benjamin Adamo, M.D. (gasteroenterologist for 35 years) and Peter Brown, M.D. (primary care group practice for 15 years), one APRN who will provide primary care services and serve as liaison with primary care physicians, one RN and one Nurses' Assistant, part-time dentists provided through a sub-contract with UCONN and support staff.

# Who are the payors of this service?

It is important to note that the Primary Care Services Unit is essentially a reorganization of currently funded medical resources with add-on medical services. The current delivery of medical services at Henderson-Johnson and Doctors Clinics will be centralized into the Primary Care Services Unit. A significant amount of the expenses associated with this reorganization are already a part of the agency's core budget supported by DMHAS grants and contracts, DSS reimbursement mechanisms, managed care contracts and first party payors. These resources will be transferred to the new unit.

The new costs associated with the additional medical services will be paid for through additional revenue tracks that will be established with DSS and other third party payors. Representatives from DSS have expressed support for this concept. Based on a review of our 2300 patients, revenue for these services will be derived from: 1) patient fee for service (sliding scale based on income) -48%; 2) SAGA -27%; and 3) DSS Title 19 payments -25%. Less than 10% of the patients have third party payors.

The key objective is to provide the highest quality service within a reimbursement structure that pays for all program costs and which generates revenue for ongoing service improvement and expansion based on patient needs. To that end, we will offer our services at a price consistent with the patient's ability to pay, third party payor rates, and state and federal medical reimbursement schedules. We will offer competitive prices consistent with current market pricing.

The Hartford Dispensary is recognized locally, statewide and nationally as a well-managed organization that provides affordable and state-of-the-art treatment services. The Hartford Dispensary is a robust and viable organization that is interested, capable and willing to continue its mission to provide services to those in need. By providing on-site primary/dental services, the costs for consumers to access treatment will be greatly reduced.



# STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL COMMISSIONER

February 8, 2006

Paul McLaughlin Executive Director Hartford Dispensary 345 Main Street Hartford, CT 06106

RE: Hartford Dispensary's Certificate of Need Determination Request

Report Number: 06-30666-DTR

Establishment of a Primary Care Services Unit

Dear Mr. McLaughlin:

On January 9, 2006, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request concerning the proposal of Hartford Dispensary to establish a primary care services unit at an existing treatment site located in Hartford, Connecticut, at a total capital expenditure of \$150,000. OHCA has reviewed the information contained in your CON Determination request letter and makes the following findings:

- 1. The Hartford Dispensary ("Applicant") is a private, non-profit organization that specializes in the delivery of regulated medication-assisted treatment for individuals with opioid dependency.
- 2. The Applicant operates treatment sites in the greater Hartford area as well as at various locations throughout Connecticut.
- 3. The Applicant is proposing to establish a primary care services unit at its existing Weston Street treatment site in Hartford. The proposed unit will provide medical and dental primary care services.
- 4. The proposed services will be located in a medically underserved area, serving a medically indigent population.
- 5. The Applicant is a health care facility or institution as defined by Section 19a-630 of the C.G.S.

- 6. Section 19a-638 (2) of the C.G.S. states, in part, that:
  - "each health care facility or institution .....which intends to introduce any additional function or service into its program of health care shall submit to the office......a request for permission to undertake such function or service."
- 7. The Applicant estimates the services will eventually provide care to approximately 2,300 unduplicated persons annually.
- 8. The estimated total capital expenditure associated with the proposal is \$150,000.

Based on the above findings, OHCA has determined that the request of Hartford Dispensary to establish a primary care services unit in Hartford represents a proposal that seeks to establish an addition function or service pursuant to Section 19a-638 of the Connecticut General Statutes. Therefore, CON approval is required for the Hartford Dispensary to establish the proposed primary care services unit.

OHCA considers the submission of information received on January 9, 2006, as the Letter of Intent for this matter; therefore, the Hospital may file a completed CON application with OHCA between March 10, 2006, and May 9, 2006. The CON application is being mailed to your attention separately.

If you have any questions regarding the above, please contact Jack A. Huber, OHCA Health Care Analyst at (860) 418-7034.

Sincerely,

Cristine A. Vogel Commissioner

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